

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034312

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 118

Primary Registration District No. 4189

Registrar's No. 31

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 15 1962

VS 300
Rev. 4/59

10370

26370

3

4 0

5 1

6

7 0

8 0

9420.1

10

11

1290-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rosebud		c. CITY OR TOWN Rosebud	
Length of stay in lb 43 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS none	
3. NAME OF DECEASED (Type or print) First John Middle Fred Last Hoelmer		4. DATE OF DEATH Month October Day 9 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-2-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith		10b. KIND OF BUSINESS OR INDUSTRY blacksmith	
11. BIRTHPLACE (City and state or country) Cooper Hill, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis Hoelmer		13b. MOTHER'S MAIDEN NAME Mary Meyer	
14. NAME OF HUSBAND OR WIFE Anna Racherbaumer Hoelmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Anna Hoelmer Rosebud, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Coronary Artery Disease DUE TO (c) Coronary Artery Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH within	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:00 a.m. p.m. Month, Day, Year 10-9-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION near Drak, e Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from 11:00-61 to 10:00-62 and last saw him alive on 10-9-62 Death occurred at 11:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Chase R. H. H. H. (Degree or title)	
22b. ADDRESS Gerald		22c. DATE SIGNED 10-10-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-12-1962	23c. NAME OF CEMETERY OR CREMATORY E & R Cemetery	
23d. LOCATION (City, town, or county) near Drak, e Mo.		23e. (State)	
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo.		25. DATE RECD. BY LOCAL REG. October 12, 1962	
26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappmeyer			

OCT 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jerry A. Thompson

Licensed Embalmer No. 5165

P. O. Address Quensville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.